2005-005

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SCANNED
JUN 0 9 2005
By: Wm

☐ JANUARY 1 through JUNE 30, _____ - DUE BY AUGUST 15

☑ JANUARY 1 through DECEMBER 31, 2004 - DUE BY FEBRUARY 15

1. Name: Clark (Last) Kimberly (First) _____ (MI)

2. Business Address: One Financial Center (Street and No.) Boston (City) MA (State) 02111 (Zip)

Mailing Address: _____

3. Business Phone: 617 428 7100 (Area Code and Telephone Number)

4. Employer: Westfield Capital Mgmt

5. Employer's address: _____ (Street and No.) _____ (City) _____ (State) _____ (Zip)

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6. Did you make an expenditure exceeding $50 on one occasion for a retirement system official:

From January 1 through June 30? Yes ☐ No ☑
From July 1 through December 31? Yes ☐ No ☑ NA ☐

If the answer to either question in Number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of $250 for a retirement system official:

From January 1 through June 30? Yes ☐ No ☑
From July 1 through December 31? Yes ☐ No ☑ NA ☐

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

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8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 – June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 – December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

1) a. Name of Retirement System: LASERS

b. Total of all expenditures made January 1 through June 30: $ Ø

c. Total of all expenditures made July 1 through December 31: $ Ø
(When applicable)

d. Total of all expenditures made during the calendar year: $ Ø

2) a. Name of Retirement System: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

3) a. Name of Retirement System: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.

Signature of Filer